MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/700417
FILING DATE
APPLICANT(S)

CLAIMS

CLAIMS	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.		CLAIMS	* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
1	1							51						
2	1							52						
3	1							53						
4	1							54						
5	1							55						
6		1						56						
7		1						57						
8		3/1						58						
9	1							59						
10		(1)						60						
11		(1)						61						
12		(1)						62						
13		(1)						63						
14		(1)						64						
15	1							65						
16		1						66						
17		2						67						
18		(1)						68						
19		(1)						69						
20		(1)						70						
21		(1)						71						
22		(1)						72						
23		(1)						73						
24								74						
25								75						
26								76						
27								77						
28								78						
29								79						
30								80						
31								81						
32								82						
33								83						
34								84						
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36								86						
37								87						
38								88						
39								89						
40								90						
41								91						
42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.	7							TOTAL IND.						
TOTAL DEP.	12							TOTAL DEP.						
TOTAL CLAIMS	19							TOTAL CLAIMS						

PTO-1360 (3-78)
*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS